



PELHAM CITY PUBLIC SCHOOLS

Steve Dunn
Superintendent

229-294-8715
Fax 229-294-2760
sdunn@doe.k12.ga.us

188 W. Railroad St., South
Pelham, Georgia 31779

January 20, 2004

Letter of Appeal
Schools and Libraries Division
Box 125 - Correspondence Unit
80 South Jefferson Road
Whippany, NJ 07981

Dear Sirs or Madams;

Please consider this our Letter of Appeal for your funding decision regarding the Pelham City School District 471 application number 362302 for Funding Year 07-01-2003 through 06-30-2004. Our entire application for funding was denied because of our failure to respond to a request for information from SLD staff. We regret that we failed to respond to your information request. That failure was due to a turnover in our staff and not a deliberate attempt to circumvent the due diligence that you were exercising in determining our funding eligibility. Therefore, we submit for your consideration the following explanations regarding your request for information. (see Attachment A - your email request for information)

You have requested that we demonstrate that the Pelham City Alternative School is eligible and meets statutory definitions of a school (please see Attachment B for this documentation). The Pelham Alternative School has been established for students with behavioral problems and is indeed an alternative to sending a student home for a specified period of time.

You have requested that we demonstrate and support the discount percentage that we have shown in our 471 application for the Pelham Alternative School. We based our claim for a 90% discount by reviewing the records of the students in attendance at the Pelham Alternative School. Our records indicate that 100% of the students are eligible for free and reduced lunches. The records reviewed were actual applications submitted by the parents or guardians of the students (please see Attachment C for Affidavit that the percentage

EQUAL OPPORTUNITY EMPLOYER

"Quality Education Through School, Home, and Community Commitment"

was based on actual applications for free and reduced lunches) The records reviewed were those of students in attendance at the Pelham Alternative School (please see Attachment D for a sample of the Free and Reduced Lunch application submitted by students). In addition, we had an average of 4 students enrolled in the alternative school on a daily basis and currently we have 16. Applications for free and reduced lunches were sent to all enrolled students and all applications for free and reduced lunches of those students in attendance at the Pelham Alternative School were returned to us.

You have asked that we submit information detailing the products and services for FRN(s) 1015079 and 1015116. Please notice that we have requested funding for a one-time installation charge for installation of services to the Pelham Alternative School. The other services and charges are recurring monthly services and charges for 45 Mbps telecom data links and 45 Mbps Internet services, both of which are eligible services. We did not include any ineligible charges that were cost allocated. (See Attachment E actual vendor invoice for services)

We apologize for the inconvenience of that our failure to respond initially has caused. We are a small school system and the telecom and Internet connectivity provided through the Universal Service Fund is critical to our school system. Therefore, we appreciate affirmative review of our appeal.

Please contact me if you need additional information regarding our application or appeal.

Sincerely,

A handwritten signature in black ink, appearing to read 'SD', followed by a long horizontal line extending to the right.

Stephen Dunn
Superintendent

Phone: 229-294-8715

FAX: 229-294-2760

email: sdunn@pelham-city.k12.ga.us

Attachment A

Letter of Request From Schools and Libraries Division

Date: Mon, 27 Oct 2003 09:46:32 -0500
From: "Robin Greatorex" <rgreato@sl.universalservice.org>
To: <sDUNN@PELHAM-CITY.K12.GA.US>
Subject: 2ND REQUEST E-RATE APPLICATION # 362302

Date: October 27, 2003

Steve Dunn
Pelham City School District
229-294-8715
229-294-2760

Application Number 362302

You were recently sent a request for additional information needed by the Program Integrity Assurance (PIA) team to review your Form 471 Application to ensure that it is in compliance with the rules of the federal universal service program. Your response was incomplete. The information still needed to complete the review is listed below.

Based upon review of your Form 471 application and/or the documentation you provided, we were not able to determine the eligibility of PELHAM CITY ALTERNATIVE SCHOOL. In order to be eligible to receive discounted services, per the rules of this support mechanism, schools must meet the statutory definition of an elementary or a secondary school found in the Elementary and Secondary Education Act of 1965 (20 U.S.C. Section 8801 (14) and (25)) and they must not be operating as for profit businesses, and may not have an endowment exceeding \$50 million. Please provide documentation that will verify that the entity meets the definition provided above.

Based upon review of your Form 471 application, we were not able to validate your requested discount of 90% for PELHAM CITY ALTERNATIVE SCHOOL we could only validate a discount of 25%. If you agree that this entity should be eligible for the amount of discount we could validate, please send us a written statement verifying that you accept the modification to the discount. If you choose to validate your original requested discount of 90%, then please provide the appropriate documentation if one of the following acceptable methods were used:

a. If the school participates in a National School Lunch Program (NSLP), please provide us a signed copy (preferably by the Principal, Vice-Principal, Superintendent, or Director of Food Services) of the Reimbursement Claim Form that the school sends to the state each month. Make sure that the following 3 items are identified:

- 1) The Entity name
- 2) The total number of students enrolled at the entity
- 3) The total number of students eligible for Free/Reduced Lunch Program for the entity

If the school district fills out an aggregate form for the school district, provide a signed letter from a school official (preferably the Superintendent) that lists the Free/Reduced information for each

school in the district.

b. If the discount percentage was determined by information obtained from a survey/application, please provide the following information:

- 1) Total number of students enrolled
- 2) Total number of surveys/applications sent out
- 3) Number of surveys/applications returned
- 4) Total number of students qualified for NSLP per the returned surveys/applications
- 5) Are the surveys/applications and results kept on file.
- 6) Provide a sample copy of a FILLED OUT SURVEY/APPLICATION with the child's personal information crossed out for confidentiality.
- 7) A signed certification that reads: "I certify that only those students who meet the Income Eligibility Guidelines of the National School Lunch Program have been included in Column 5 of Item 10b, of Block 4 (Worksheet A) of the Form 471."
- 8) This information must be in writing on school letterhead and signed by a school official (such as the Principal, Vice-Principal, Superintendent, Director of Food Services).

c. If the discount percentage was determined by the school's participation in Provision 2 or Provision 3, please provide the following information:

- 1) Provision 2 or 3 site application
- 2) Copy of the approval letter from the State to participate in Provision 2 or Provision 3
- 3) Documentation justifying the base year statistics
- 4) The letter from the State approving an extension (if applicable)

d. If the discount was determined using a different method than what was identified above, please indicate the method that was used.

For FRN(S) 1015079 & 1015116, the documentation provided in the Item 21 Attachments is not sufficient to determine the eligibility of your request. The documentation does not sufficiently describe the products and services being requested, so we cannot determine the eligibility of your request. Please provide more detailed documentation, such as the portion of the bill that identifies the actual products and services being delivered. If the bill you receive does not identify the specific products and services being delivered, you will need to contact your vendor and request such documentation. The vendor should be able to provide you with a detailed bill identifying the specific products and services being provided. Any documentation provided should clearly identify any ineligible charges that were cost allocated out of your request. If you are unable to justify the charges requested on your Form 471, the request may be reduced or denied.

Please fax or e-mail the requested information to my attention. If you have any questions please feel free to contact me

It is important that we receive all of the information requested so the PIA team can complete its review. Failure to do so may result in a reduction or denial of funding.

You are being given an additional seven calendar days to respond. If we do not receive the requested information within seven calendar days, your application will be reviewed using the information currently on file.

Thank you for cooperation and continued support of the Universal Service Program.

Sincerely,

Robin Greatorex
Schools And Libraries Division
Program Integrity Assurance
Phone: 973-581-6757
FAX: 973-599-6521
rgreato@sl.universalservice.org

Georgia Department of Education

Alternative Education Programs

FY 2001 Information Sheet

I. System Information

System Name: Pelham City System Code: 784
System-Level Contact for Alternative Education Programs: Dr. Kenneth Stephens
Title: Superintendent Phone Number: (912) 294-8715
FAX: (912) 294-2760 E-mail: kstephens@doe.k12.ga.us
Mailing Address: 188 W. Railroad Street, Pelham, Georgia 31779

II. Program Information

Anticipated Alternative Education Program Models/Types for FY 2001 (check all that apply):

- ☒ In-School Suspension Program
Grades Served: 6-12
- ☒ CrossRoads Alternative Education Program
Grades Served: 6-12
☐ Day Program only
☐ Evening Program only
☐ Both Day and Evening Programs
- ☐ Community-Based Alternative Education Program (please attach a brief description)
Grades Served: _____
☐ Day Program only
☐ Evening Program only
☐ Both Day and Evening Programs
- ☐ School-Community Guidance Center (please attach a brief description)
Grades Served: _____
☐ Day Program only
☐ Evening Program only
☐ Both Day and Evening Programs
- ☐ Other (please attach a brief description)

Will any of the above programs be provided in collaboration with other local systems? _____
If yes, please specify which programs will be multi-system programs, and identify the local school systems that will be part of this collaborative effort.

(over)

Atlanta, Georgia 30334.

(404) 656-2804 FAX: (404) 651-8507

November 1, 2002

MEMORANDUM

TO: System Superintendents

FROM: Nelda Heatherley
Deputy State School Superintendent
Student Learning and Achievement

SUBJECT: Notification of Alternative Education Program Waivers

The State Board of Education has approved a modification to SBOE Rule 160-4-8-.12 ALTERNATIVE EDUCATION PROGRAMS that makes individual waivers for selected rules unnecessary. It is no longer necessary for schools to complete an individual waiver request to award Carnegie units of credit based on demonstrated competency, decrease the number of class periods per day and/or decrease the average daily instructional time for alternative education programs.

The process requires that the local school system notify the State Superintendent of Schools on the attached form of the alternative education programs within the system that plan to utilize any one or more of the selected waivers. **Any program interested in utilizing the waiver(s) during the 2003-2004 school year must complete this form even though a waiver of these rules was approved in the pass three years.** The form is due at the Department by January 10 prior to each year that the program will be implemented. By July 30 of each year, any alternative education program approved for waivers under this provision shall send to the Department a list of all students who attended each alternative education program including FTE number, classification of program (disciplinary/non-disciplinary), number and type(s) of disciplinary referrals for the semester prior to and following alternative education participation (for disciplinary programs only), grade point average for the semester prior to and following alternative education participation, and entry and exit dates.

System Superintendents

Page 2

November 1, 2002

Please complete the attached form and submit it by January 10, 2002, for programs within your system that will utilize any of the selected modifications. The form should be submitted to Dr. Myra Tolbert, Georgia Department of Education, 1766 Twin Towers East, Atlanta, Georgia 30334. If you have any questions, please contact Dr. Tolbert by telephone at (404) 656-0643 or by e-mail at mtolbert@doe.k12.ga.us.

We appreciate your continued effort to improve the academic achievement level of Georgia's children.

NH: ck

Attachment

cc: AEP Directors
Mrs. Linda C. Schrenko
Ms. Lynn Roberts
RESA Directors
Field Service Directors
DOE Distribution

Attachment C

AFFIDAVIT

COMES NOW Stephen Dunn, who is Superintendent of the Pelham City School System, who, having been sworn, deposes and states under oath as follows.

The Pelham City School System operates an alternative school known as the Pelham Alternative School. All students (100%) in attendance at the Pelham Alternative School are entitled to free and reduced lunches. The Pelham School System annually sends applications for free and reduced lunches to all students in the school system. All applications for free and reduced lunches of students in attendance at the Pelham Alternative School have been returned completed and eligible for the free and reduced lunch program.

Furthermore, in my capacity as Superintendent of the Pelham City School System, I had due and requisite authority to approve and authorize the submission of this information to the Schools and Libraries Division on behalf of the Pelham City School System.

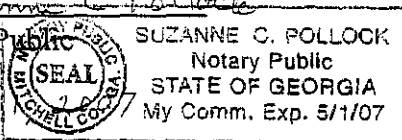
Further affiant sayeth not.

Pelham City School System

By: [Signature]
Superintendent

Sworn to and subscribed
before me this 21st day
of Jan., 2004.

[Signature]
Notary Public
May
My commission expires:



Family/2003-2004

Attachment D

Part 1. Children in School (Use a separate application for each foster child)

Names of all children in school (First, Middle Initial, Last)	Student ID Number	Please circle school	Grade	Homeroom Teacher	Food Stamp or TANF Case Number
[REDACTED]		PES <u>PMS</u> PHS	8 th	Ms. [REDACTED]	I do not have my number
		PES PMS PHS			
		PES PMS PHS			
		PES PMS PHS			
		PES PMS PHS			
		PES PMS PHS			

If you listed a Food Stamp/TANF case number for EACH child, skip to Part 4.

Part 2. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income: \$ _____. Write "0" if child has no personal use income. Skip to Part 4.

Part 3. Total Household Income from Last Month—You must tell us how much and how often

1. Name (List everyone in household)	2. Last month's income and how often it was received Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly					3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement Social Security	Other Income		
Sample Family-member	\$ 200.00 / weekly	\$ 400.00 / Monthly	\$ 100.00 / Twice a month	\$ /		<input type="checkbox"/>
[REDACTED]	\$ 120.00 / weekly	\$ /	\$ 438.00 / month	\$ /		<input type="checkbox"/>
[REDACTED]	\$ /	\$ /	\$ /	\$ /		<input type="checkbox"/>
[REDACTED]	\$ /	\$ /	\$ /	\$ /		<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /		<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /		<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /		<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or indicate that he or she does not have one. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. Providing false information is a misdemeanor under Georgia law

Sign here: X [REDACTED] Home Phone [REDACTED] Work Phone [REDACTED]
 Print name here [REDACTED] Social Security Number [REDACTED] - [REDACTED] - [REDACTED] I do not have a social security number ☐
 Mailing Address [REDACTED] Address City State Zip Name of Employer

Part 5. Children's racial and ethnic identities (optional)

Mark one or more racial identities: ☐ Asian ☐ Black or African American ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☒ White
 Mark one ethnic identity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

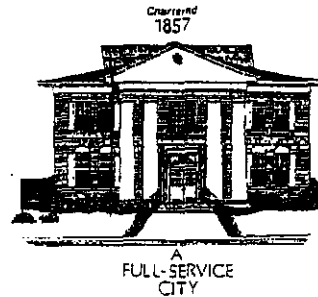
Don't fill out this part. This is for school use only.

Monthly Income Conversion: Weekly x 4.33, Every 2 Weeks x 2.15, Twice A Month x 2

Monthly Income: _____ Household size: _____ FS/TANF _____ Date Withdrawn: _____
 Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____
 Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)
 Determining Official's Signature: _____ Date: _____

City of Camilla

P.O. Box 328
Camilla, Georgia 31730
(229) 336-2220 FAX (229) 336-2224



Attachment E

January 5, 2004

Invoice No. 01052004 - P

Pelham City Board of Education
Attn: Steve Dunn
188 West Railroad Street S
Pelham, Georgia 31779

Service Dates: October 1, 2003 - December 31, 2003

	Telecom Charges		Internet Charges		Total Due
	Monthly	Quarterly	Monthly	Quarterly	
Pelham Elementary School - 45 mbs Connection	\$3,200	\$9,600			\$9,600
Pelham Elementary School - Internet Access			\$1,500	\$4,500	4,500
Pelham High School - 45 mbs Connection	3,200	9,600			9,600
Pelham High School - Internet Access			1,500	4,500	4,500
Pelham City Middle School - 45 mbs Connection	3,200	9,600			9,600
Pelham City Middle School - Internet Access			1,500	4,500	4,500
Pelham City Alternative School - 45 mbs Connection	3,200	9,600			9,600
Pelham City Alternative School - Internet Access			1,500	4,500	4,500
Pelham City Alternative School - Installation-Charge		900			900
Pelham City Board Office - 45 mbs Connection	3,200	9,600			9,600
Pelham City Board Office - Internet Access			1,500	4,500	4,500
Total Charges		\$48,900		\$22,500	\$71,400
Amount Pending USF Discount (87%)		<u>42,543</u>		<u>19,575</u>	<u>62,118</u>
Total Amount Due from Board of Education		\$6,357		\$2,925	\$9,282

\$ 8,732.10

DATE 1-9-04
INVOICE NO 32084
SEE ATTACHED SHEET
9995-9993

POSTED

V-3414

"An Equal Opportunity Employer"



PELHAM CITY SCHOOLS
188 W. RAILROAD ST. SOUTH
PELHAM, GEORGIA 31779

Route

Tina

Delivery Point

TW-B204

OMD

06/28/06
15:12:38

PO#

Sdr PELHAM CITY SCHOOLS

70030500000092293138



W102004RR9

CERTIFIED MAIL™



7003 0500 0000 9229 3138



02 1P
\$ 005.120
0002184325 JUN 23 2006
MAILED FROM ZIP CODE 31779

**RETURN RECEIPT
REQUESTED**

Federal Communications Commission
Office of Secretary
445 12th Street SW
Washington, DC 20554

